Page 1 of 2 Pages	[X] Original	[] Substitute	[] Supplemental	Atty. Docket: FISHMAN=9B		
Combin	ed Declaration	for Patent A	Application and I	Power of Attorney		
As a below-named inven	tor, I hereby declare ti	nat:				
My residence, post office and sole inventor (if only subject matter which is o	y one name is listed be	elow) or an origina	l, first and joint inventor	nd that I believe I am the original, first (if plural names are listed below) of the		
DIAGNOSTIC MARKE	RS FOR THERAPEU	TIC TREATMENT				
the specification of which	h (check one)					
[] wa U.S	S. Appln. No.	*; or	C. §111 on	as U.S. national stage of an international		
(PC nat	CT) application, PCT/ ional stage application if known)	; filed ; received U.S. App	ent pln. No*; §3	ry requested on*; 171/§102(e) date*		
and was amended on	nclude dates of amendme	ante ander PCT Ant	(if appl	icable).		
amendment referred to a known by me to be mater I hereby claim foreign prinventor's or plant breed	bove; and I acknowled ial to patentability as of iority benefits under 3 er's rights certificate(s	dge the duty to dis defined in 37 C.F.F 35 U.S.C. §§ 119 (close to the Patent and T. L. §1.56. a)-(d) and 365 (b) of any	rademark Office (PTO) all information prior foreign application(s) for patent, which designated at least one country		
other than the U.S., listed	Application No.	Country	Filing Date	(MM/DD/YYYY)		
application designating a date <u>before</u> that of the ear	country other than the liest application from	ne United States) of which foreign prior	or for an inventor's or pla rity is claimed (if left blan			
Non-P	riority Application No.	Count	ry Filing Da	ate (MM/DD/YYYY)		
I hereby claim the benefit	under 35 U.S.C. §119	(e) of any United S	States provisional applicat	ions listed below:		
	Application No. Filing Date (MM/DD/YYYY)					
	60/419,	595	10/21/2002			

I hereby claim the benefit under 35 U.S.C. §120 of any prior U.S. non-provisional application(s) or under §365(c) of any prior PCT international application(s) designating the U.S., listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the PTO all information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Filing Date (MM/DD/YYYY)	Status (patented, pending, abandoned)	
10/689,508	10/21/2003	pending	

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

All of the practitioners associated with Customer Number 001444

Direct all correspondence to the address associated with Customer Number 001444, which is presently:

BROWDY AND NEIMARK, P.L.L.C. 624 Ninth Street, N.W. Washington, D.C. 20001-5303 (202) 628-5197

Title DIAGNOSTIC MARKERS FOR THERAPE				_
U.S. Application filed	, Serial No	_		
PCT Application filed	, Serial No.			
The undersigned hereby authorizes the U.S. Attorneys o Reinhold Cohn & Partners as to any action	r Agents appointed herein to accept to be taken in the U.S. Pater	ot and follow inst	ructions from	this
application without direct communication between the I	U.S. Attorneys or Agents and the	indersigned. In	the event of a change	e of
the persons from whom instructions may be taken, th	e U.S. Attorneys or Agents appo	inted herein wil	I be so notified by	the
undersigned.				
I hereby further declare that all statements made herein of	of my own knowledge are true and	that all statemer	nts made on informat	tion
and belief are believed to be true; and that these stateme	nts were made with the knowledge	that willful false	statements and the	like
so made are punishable by fine or imprisonment, or b	ooth, under 18 U.S.C. §1001 and	that such willfi	ul false statements r	nay
jeopardize the validity of the application or any patent is	sued thereon,			
FULL NAME OF FIRST INVENTOR	INVENTOR'S SIGNATURE		DATE] .
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Sara BAR YEHUDA	X vol		Jan 25	1.004
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FULL NAME OF FIFTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE	
RESIDENCE		CITIZENSHIP		
POST OFFICE ADDRESS				
FULL NAME OF SIXTH JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE	
RESIDENCE		CITIZENSHIP		ı
POST OFFICE ADDRESS				

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ALL INVENTORS MUST REVIEW APPLICATION AND DECLARATION BEFORE SIGNING. ALL ALTERATIONS MUST BE INITIALED AND DATED BY ALL INVENTORS PRIOR TO EXECUTION. NO ALTERATIONS CAN BE MADE AFTER THE DECLARATION IS SIGNED. ALL PAGES OF DECLARATION MUST BE SEEN BY ALL INVENTORS.